COMPLETE & MAIL PRIOR TO APRIL 15, 2017

2017 PUMPOUT OPERATIONS & MAINTENANCE GRANT APPLICATION

Marina Name and Address:	Name(s) of Marina Owner(s):	
	Name of Contact Person (if different):	
Pumpout operation dates, days, and hours:	Telephone Number:	
	Fax Number: Email Address:	
Fee currently being charged for a pumpout?	(NO MORE THAN \$5.00) (NO MORE THAN \$5.00)	<u>\$</u> \$
Fee to be charged if application is approved? Depth of water at the pumpout?	(NO MORE THAN \$5.00)	\$
Portable toilet disposal provided?	(Yes) or (No)	
Off-season operation?	(Yes) or (No)	
Limited overhead clearance?	(Yes) or (No)	
Official DNR pumpout sign posted?	(Yes) or (No)	
AGREEMENT:		
As the owner or authorized representative of the a contained in the 2017 Pumpout Operations and Management		the Terms and Conditions
Printed Name	Signature & Date	
DNR APPROVAL:		
Grant Administrator	Date Approved	
Approved for legal sufficiency by	y the Office of the Attorney Gene	eral 1/07



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Pumpout Program Chesapeake and Coastal Service 580 Taylor Avenue, E-2 Annapolis, MD 21401